### Appendix 5A

#### **Forms**

The following forms are not available electronically. Contact Forms (Supply and Distribution) at x36164 unless otherwise stated below to get a copy, or copy one out of this appendix:

JSC Form 1475 Hot Work-Welding-Cutting Permit

JSC Form 8 Hazardous Operation Permit

JSC Form 353 Certification/Recertification

JSC Form 209 Application and Record of Qualification for Personnel Certification

The following forms are available electronically via forms search at the following Web address: http://forms.jsc.nasa.gov/

JSC Form TBD Small group weather safety action plan (Currently attachment 5.9A,

appendix 5B)

JSC Form TBD Large group weather safety action plan (Currently attachment 5.9B,

appendix 5B)

## Appendix 5A, Forms (cont.)

#### JSC Form 1475 Hot Work Permit

|  |   | ☆GPO: 1986–662-643   |
|--|---|--|
| HOT WORK<br>WELDING-<br>PERMIT   | •   | No.<br>15726   |
| Hot Work<br>approval is give   | n to (organization)   |  |
| To (weld, cut, e   | etc.)   |  |
| Location (*Cod   | oling Towers)   |  |
| Work   | Date  | Time   |
| Begins<br>Work   | Date  | Time   |
| Complete<br>Permit   | Date  | Time   |
| Expires Supervisor's Sig   | nature  |  |
|  | ety Representative  |  |
| Area Fire Wards  | en  |  |
| COMPLETING V MAINTAIN A F AFTER THE CO REMOVE LOOS COMBUSTIBLES COVER OPENIN PROTECT FAC | VORK (4658 or 3744  TRE WATCH DURIN  MPLETION OF HOT  SE COMBUSTIBLES  S WITH FIRE RESI  NGS INWALLS, FLO | NG AND FOR 1 HOUR<br>TWORK.  AND COVER FIXED ISTANCE BLANKETS.  ORS, OR ROOFS AND PMENT FROM SLAGS |
| KEEP WELDING   | LEADS OFF WALK  | (WAYS.   |
|  | CURTAINS TO PREING EXPOSED TO   | EVENT AREA OCCU-<br>ARCS.  |
|  | OF THE NEED AN  | EQUIRES A WRITTEN<br>O A PROCEDURE FOR   |
| THE FOLLOWIN   |   | ISHER IS REQUIRED  |
| WATI   | ERFOAM  | OTHER  |
| co <sub>2</sub> .  | DRY CHEM  | ICAL SIZE  |
| JSC FORM 1475  | (DEC'84) JSC S  | AFETY OFFICE   |

# JSC Form 8 Hazardous Operation Permit

| HAZARU:<br>OPERATION I                     |              | No. 2    | 9044      |
|--|--------------|----------|-----------|
|  | PROVALIS (   |          | 007-1-1   |
| (Cogeolization)                            |              |          |           |
| то уенески                                 | OPERATION    | DESCRIB  | ED BELOW: |
|  |              |          |           |
|  |              |          |           |
|  |              |          |           |
|  |              |          |           |
|  |              |          |           |
|  |              |          |           |
| SPECIAL PRECAU                             | E CT 8//211  | ₹ΤΛΚ⊱ħ.  |           |
| SPECIAL PREGAU                             | IE OT BNOITI | FTAK≿N.  |           |
| SPEGIAL PREGAU                             | E OT RACITI  | ₹ TAK÷ħ+ |           |
|  | OATE         |          | rfia –    |
|  | NS GATE      |          |           |
|  | OATE         |          | FIME      |
| DPCAATION DEGII                            | NS DATE      |          |           |
| DPCAATION DEGII<br>ESTIMATED<br>COMPLETION | NS DATE      |          |           |
| DPCAATION DEGII<br>ESTEMATED<br>COMPLETION | DATE DATE    | rion     |           |

|                      | <b>3</b>  |
|----------------------|---|
| PAZARDOUS DESEA      | OMPLETED AT CLOSE OF<br>TROM AND RETURNED YOU<br>THEY DEFICE. |
| ACTUAL GEMPLETION    | DATE ! !IVL   |
|                      | JELAL CIRCUMSTANCES<br>LURBED GURING OFERATION.               |
|                      |   |
| •                    |   |
|                      |   |
|                      | İ   |
|                      | .   |
|                      | į   |
| SUPERVISOR'S SIGNAT  | orte  |
| REVIEWED BY 1330 8AF | ETY O"FIGL)   |
| REMARKS:             |   |
|                      |   |
|                      |   |

## Appendix 5A, Forms (cont.)

#### JSC Form 353 Certification/Recertification

|               |        | on B. Joh  | NASA<br>nson Space Center<br>I/RECERTIFICATION  | DATE           |         |
|---------------|--------|--|---|----------------|---------|
|               | This   | is to cert   | tify that   |                |         |
| YEE           |        |  |   |                |         |
| , Lo          | (Nai   | •  |   | Code           |         |
| E OF EMPLOYEE |        | ualifed to<br>ed hereor  | o perform the opeat<br>n:   | ions           |         |
| SIGNATURE     | SIG    | NATURE   | OF CERTIFYING OFF   | ICER           |         |
| JSC I         | FORM 3 | 353 (REV JU  | L 81)   | N/             | ASA-JSC |
|               |        | as go<br>shall<br>certify<br>a. la<br>b. ra<br>c. c.<br>Requi<br>and s | certificate is issu vernment property a be surrendered to t ing officer when: eaving JSC amployme afused recertification ertification is revoked RECERTIFICATION red everyigned by the cognizating officer. | nd<br>he<br>nt |         |
|               |        | DATE   | CERTIFYING OFFIC  | ER             | -       |
|               |        |  |   |                |         |

## Appendix 5A, Forms (cont.)

#### JSC Form 209

|                                      | SEC               | TION !       |                                       |                                       |
|--------------------------------------|-------------------|--------------|---------------------------------------|---------------------------------------|
| 1. TYPE OF CERTIFICATION             |                   |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
| 2. APPLICANT/TRAINEE                 | 3. ORGAN          | ZATION       |                                       | 4. DATE                               |
|                                      |                   |              |                                       |                                       |
| 5. WHERE                             | 6. YEARS OF EXPER | IENCE        | 7. TYPE                               |                                       |
|                                      | ł                 |              |                                       |                                       |
| 3. TECHNICAL TRAINING                | <u> </u>          |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
| . APPLICANT/TRAINEE SIGNATURE        |                   | 10. APPROVAL | L (SUPERVISOR SIGNATUR                | RE)                                   |
|                                      |                   | 4            |                                       |                                       |
| SECTION                              | II-PHYSICAL EX    | AMINATION (  | If annlicable)                        |                                       |
| . EXAMINER                           | THE THE EX        |              | uppricable/                           | 12. DATE                              |
|                                      |                   |              |                                       |                                       |
| 3. RESTRICTIONS                      | 4                 |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
|                                      | COTION III TOA    |              |                                       |                                       |
| 4. NAME, DATE, AND LENGTH OF TRAININ | ECTION III-TRA    | INING EXAMI  | MALIUN                                |                                       |
|                                      |                   |              |                                       |                                       |
| 5. ORAL                              | 16. WRITTEN       |              | 17. OPERATIONAL                       | -                                     |
|                                      |                   |              |                                       |                                       |
| 8. EXAMINER/INSTRUCTOR (COMMENTS AND | RECOMMENDATIONS)  |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
| 9. EXAMINER/INSTRUCTOR (SIGNATURE)   |                   | ,            |                                       | 20. DATE                              |
|                                      |                   |              |                                       |                                       |
|                                      | SECT              | ION IV       | · · · · · · · · · · · · · · · · · · · | <del></del>                           |
| 1. CERTIFYING OFFICER'S COMMENTS     |                   |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
| 2. CERTIFIED IN CATEGORY             |                   |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
| 3. NOT QUALIFIED FOR CERTIFICATION   |                   |              |                                       | · · · · · · · · · · · · · · · · · · · |
|                                      |                   |              |                                       |                                       |
| 4. REQUIRES RECERTIFICATION          |                   |              |                                       |                                       |
|                                      |                   |              |                                       |                                       |
| 5. CERTIFYING OFFICER (SIGNATURE)    |                   |              |                                       | 26. DATE                              |
|                                      |                   |              |                                       | 3                                     |